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ABSTRACT

During a crisis, parents can do a great deal to help their child deal with grief and anxiety. This special issue provides information and promising practices that might be helpful in dealing with various crisis situations. Provides the following articles: (1) "Children Killing Children" (Kevin Dwyer); (2) "Disaster: Helping Children Cope" (Debbie Waddell, Alex Thomas); (3) "Involving Parents in Anti-Violence Activities;" (4) "Victimization of School-Age Children" (Gloria E. Miller, Kelli A. Rubin); (5) "Childhood Responses to Trauma" (adapted by Ted Feinberg); (6) "Suicide in Children and Adolescents" (William O. Hahn); (7) "Student Violence: Warning Signs;" (8) "Resolution on Children and Violence in Media and Toys;" (9) "Safe School Resources" (compiled by Andrea Canter); (10) "A Teacher, A Best Friend" (Candise Watts); (11) "Resolution on Children, Guns, and Other Weapons;" (12) "Childhood Bullying and Teasing: What School Personnel, Other Professionals, and Parents Can Do (book review)" (Joann V. Hernandez); (13) "Moments in America for Children;" (14) "Memorials: Guidelines for Educators and Communities" (Cathy Paine); (15) "Natalie" (Latoya Goff); (16) "What Is a School Psychologist?" Some articles provide references, relevant resources, organizations and/or Web site addresses. (MKA)

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NASP

Communiqué

National Association of School Psychologists — Spring 1999 Special Edition

SPECIAL EDITION

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CRISIS AND LOSS
INFORMATION FOR FAMILIES

A crisis event can happen at any time. Natural disasters, such as an earthquake, hurricane or flood, can physically devastate a whole community. Other crises, such as the recent schoolyard shootings in Oregon, Arkansas and Kentucky, a student suicide or death of a teacher, can emotionally debilitate families, teachers and classmates. If a friend or family member has been killed or seriously injured, or if the child's school or home has been severely damaged, there is greater chance that the child will experience difficulties coping. Whatever the circumstance, the emotional effects on you and your child can be tremendous.

During a crisis, a parent can do much to help their child deal with their grief and anxiety. The home can be a safe haven where the child can express himself or herself and where there is a caring adult who listens and supports the child through this difficult time.

In this special issue, you will find information and promising practices that might be helpful in dealing with various crisis situations. Remember, the best crisis management technique, no matter what the situation, is to think about and plan your responses and resources beforehand. ♦

— Dorothy Daugherty, NASP Professional Relations Associate
& Andrea Canter, Ph.D., NCSP, Communiqué Editor

Children Killing Children
Strategies to Prevent Youth Violence

by Kevin P. Dwyer, NCSP
NASP President-Elect

A five-year-old child walks into the grandfather's bedroom and reaches up to the top of the dresser to snatch a handgun. Placing it in a backpack, the child takes the gun to school to kill the kindergarten teacher who put the gun-carrying child in "time-out" for being disobedient the day before. Luckily the teacher finds the gun before it is used. The five-year-old is arrested. A true story, this happened last spring. This is one painful example of the 250,000 or more weapons children will bring to school each year. Some bring guns, some knives, most carry for "protection." However, some, like the kindergartner, bring guns to school to kill adults or other children. Is there an epidemic of violence in our country? The answer is "yes" and we can stop it!

Availability of weapons is but one factor in this epidemic of children killing children. A combination of factors has caused this epidemic, including: (1) too many guns; (2) the media's glorification of violence; (3) poor schooling in social responsibility; (4) the absence of adult care and supervision; and (5) ravages of poverty. Interacting, feeding on each other, together these are the known root causes of this epidemic of violence. Some also feel that a *conspiracy of silence* has allowed this epidemic to fester.

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■ Children Killing Children... *from page 1*

Sadly, we know a great deal about the causes. We also have proven solutions to both reduce the spread of violence and eradicate much of its lethal results. But it will take sustained community effort, supporting and using a complex of solutions to save our children.

Root Causes: Availability of Guns

It is surprising to me that people are shocked by the news of children killing children with guns in West Paducah, Kentucky, Jonesboro, Arkansas, Springfield, Oregon and a dozen other seemingly safe small towns. With more than 200 million guns privately owned, four guns for every child ages six to sixteen, it is surprising we don't have *more* killings. We should be thankful that the millions of children who have access to guns don't think, more often, that guns are good tools for problem solving. Killings aside, many youths do carry guns. According to a recent article in *Science* magazine, nearly 8% of teenagers surveyed using a highly anonymous computerized questionnaire reported that they carried a gun during the past month (Turner et al., 1998). In another survey by the Centers for Disease Control and Prevention (CDC), 11.8% of students reported carrying a weapon (gun, knife or club) in the previous 30 days (CDC, 1995).

Children killing children is not a new problem. It is only a new problem for rural and suburban communities. It is also only recently that younger, preteen children are killing with guns. For decades children shooting children has been a phenomenon of the city, of youthful teen gang members "dissing" rivals or teen drug dealers killing over territory. City teen murders seem as common on nightly news as commercials for antacids. We are only startled by that news broadcast when it is reported that a four-year-old child has fallen victim of the drug dealer's stray bullet. Numbed to the knowledge that black teenage males die from guns at a rate 100 times that of their white counterparts, we seem unaware that, nationally, this gun epidemic kills a child under 18 every 2 hours, is the leading cause of death for black male youth and second leading cause for white male youth. CDC (1995) reports that violence kills more children than all diseases including cancer, and that suicide is the third leading cause of death among teenagers.

In the 1950's, guns were owned by people who enjoyed hunting and sportshooting at round targets. Today guns are purchased for personal protection and for "firepower." Targets are shaped like humans and "self protection" is the mantra of the salesperson: "You can stop anybody with a 357 Magnum." Most tragic is the change in how people publicly talk about guns — the father bragging about his guns while sipping a beer with friends, overlooking the awed expressions of his children standing nearby. Adult show-and-tell. Wait until those children can tell their friends or possibly even show their friends Daddy's Uzi. Is that gun really the family's protector?

Root Causes: Violence in the Media

All of these killings reflect learned behaviors and attitudes. The children who shot their classmates and teachers learned to see violence as a way to deal with discomfort and problems. We teach too many of our children that frustration and angry feelings can be vented through violence, through killing. Television portrays killing as a common, everyday way to solve tense, interpersonal problems. Television shows children that guns are the most effective way to kill.

"The trigger pulls the finger." This is what Dr. Scott Poland, school psychologist and national crisis expert, told the U. S. Congressional Subcommittee on Early Childhood, Youth and Families on April 28, 1998. Dr. Poland led the crisis team in Jonesboro, Arkansas and West Paducah, Kentucky. He noted that children's access to guns and television, computer games and other media have provided the means and the models for the angry, frustrated, abused or suicidal child to be pulled to the trigger of a gun. Three out of every five television programs contain violence, according to the National Television Violence Study released this year. Research professor Barbara Wilson of the University of California-Santa Barbara noted that 89% of TV movies depict violence as the solution to interpersonal conflict. Television violence contributes significantly to children's learning aggressive behavior. Even heroes are now angry killers. The hero is frequently portrayed as equally violent as the villain, voicing anger just before shooting rapid-firing guns at the bad guys. Frequently, there is no pain, no remorse, no punishment for the killers.

A major network reporter told me recently, "If it bleeds it leads." He said this is what the public prefers. Thus the nightly news affirms to the child that fictional violence is a mirror of reality. The child can only conclude that people really do frequently shoot each other when angry or frustrated. One girl in Jonesboro, a school psychologist reported, tearfully queried her father, "When I get really, really angry, will I shoot somebody?" Children also hear about conspiracy obsessed militia, armed with weapons of war, ready to kill all who disagree with their paranoia. We have disgruntled employees shooting their boss or coworker to resolve real or imagined problems. Most murders occur in homes and involve family, friends or hurt lovers. More models of violence on television, blending fiction with reality, giving tacit permission for more of us to self-determine who is the enemy, who needs to be killed.

Video and computer games mesmerize children. As a therapist, I have dealt with brothers fighting, out of control, for equal time to pull the video-game triggers of "controllers," the mechanism hooked to the television, used to help the preschooler quickly kill the alien before the alien kills the representation of the preschooler on the TV screen. These games reinforce rapid, impulsive responses in young children rather than the cautious, reflective thinking needed to play chess or checkers and necessary to control behavior. Video games brainwash these very young players, producing reflexive knee-jerk responses. Yet, these games are used by many parents as reinforcements, rewarding children for completing their homework or chores. Like television, these stimulating games keep children occupied and entertained while pressured parents, stressed for time, try to manage other responsibilities. One author coined the term "screenagers" for our modern youth, noting that the time children spend in front of the TV and computer screens is ever increasing and may cause some loss of reflection, patience, interpersonal communication skills and even muscle tone.

Root Causes: Family Stress and Child Alienation

Children learn much more from television and from watching adults in their home and community than they do in school. From the earliest years they imitate what they see and hear. They say what we say and do what we do. By the age of twelve they know every family secret and every hiding place for your private videos, magazines and guns. This is why as mental health professionals we warn adults about overstimulating preteens. We warn about the use of vulgarity, out-of-control angry feelings and other behaviors children observe. Children who are overstimulated by sex or spousal violence in their home will, we believe, quickly imitate that behavior in their own relationships. Children who experience violent problem resolution, including spanking, in their home will more likely be violent. Equally, toddlers

who grow up in uncaring, undisciplined or inconsistently disciplined environments will enter school with poor behavioral control.

Drs. George Batsche and Howard Knoff, University of South Florida, report that "bullies" have learned to see the most innocuous behavior of others as hostile and thus are always on the offensive. For bullies and other hostile youth, problems *must* be solved by verbal threat or physical violence (Batsche & Knoff, 1994). Research data reported by Dr. George Bear, University of Delaware (1998), indicate that children learn to be violent when neglected, abused or living in homes or communities where violence is the norm. The roots are formed in preschool years and for many of these children school is the only safe haven in a coercive community of chaos. Poverty plays a role, increasing the risk of exposure for several million children. Batsche and Knoff (1994) report that poverty contributes to the rate of peer group instability, frequent moves, lack of cognitive stimulation, harsh discipline and drug and alcohol abuse, all increasing the risk for childhood aggression. They also caution that many parents in poverty are remarkably able to overcome these factors and raise healthy children.

Unlike the "Leave it to Beaver" fantasy family of the past, children are reared in many single-parent families and homes where both parents work. According to the Carnegie Council on Adolescent Development, there are more "latchkey" children, ages 10-14 years, going home to an empty house (equipped with video games, cable, soap operas, talk shows and guns) than there are children going home to a parent or remaining in an effective after-school program. Risky behaviors occur with high frequency during this unsupervised time. Again, children of poverty are even more likely to return to an empty house. Today's high divorce rate of 50% can result in more developmental disruption in children's lives. The caretaking parent has additional burdens, stressed to earn an income and run a home on limited resources and finding her(him)self separated from the extended family support system more common to the 1950's. Finding a safe niche and a job, too frequently, requires frequent moves and a patchwork of inadequate child care.

School Responses to Violence

Schools continue to use 1950's remedies to address these complex risk factors. Suspension, expulsion and other punitive temporary removals from education are failed responses to signs of aggression, according to Dr. Russell Skiba of Indiana University's Institute for Child Study and other researchers (Skiba & Peterson, in press). Too frequently, the sequence of escalating events begins in the earliest of grades when the child shows signs of disrespect, of an inability to play cooperatively with others, as well as developmental and academic problems. The child may find him/herself in "time out," learning nothing, rather than in classroom instruction. The correct behavior has not been learned as a skill yet school authorities presume it to be learned at home. The disruptive behavior is punished (or ignored) and the child is not *taught* the correct behavior. Making correct behavioral choices is seen as the parent's responsibility. Soon the child is spending more time in the principal's office than in the classroom. As the years go by, the child, academically frustrated and labeled a troublemaker, learns to escape learning, becoming more frustrated and more aggressive toward peers and teachers. Eventually the "big bang" behavioral problem emerges and the child is removed from schooling altogether or referred to special education. By age 13 this child is on the way to the juvenile justice system.

The school may be rid of the problem but the community remains a victim. The "bully" is now a delinquent. Such children, having identifiable psychological problems, are suspended and expelled and go untreated until they become violent or suicidal. Sadly, school interventions are "too little, too late." The referral for weekly counseling is too late and, frankly, may make the youth less receptive to a more effective remedy for the long-term intense set of problems.

Solutions for Educators, Families and Communities

Simple solutions don't work: We seek simple solutions and simple answers to childhood aggression, to children killing children. We can no longer allow ourselves the luxury of finding someone or something to blame for the more than dozen school shootings since 1992 or for the less sensational but dramatic increase in suicides among teens and preteens, from Chapel Hill, NC to North Dakota. Today's overstimulating, less supportive environment requires multiple interventions by parents, schools, religious groups, volunteers, policymakers and businesses to curb this epidemic. We know it is the combination of the above factors that has produced the problem, yet we continue to look for easy answers. We must address gun access and the media's modeling of impulsive problem-solving together with the overstimulation of children to act like adults in less structured environments. We must teach positive behaviors. We must provide effective schooling and after-school care. Too many children are raising themselves. Too many families are "giving in" to material demands out of stress for not having the time their children need. And poverty costs society far more than we wish to acknowledge.

Prevent gun access: If you are a gun owner, in today's world you must be aware that many children have been conditioned to think of guns as killing toys that can be used to solve problems. Therefore if you need to keep guns in your home and your home is ever open to children, you need trigger locks and a failsafe plan for keeping the guns away from the children. Others who oppose guns should support laws that hold owners responsible for keeping guns out of reach of children. It is particularly critical for parents to keep guns out of reach of children who

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■ Children Killing Children... *from page 3*

may be depressed, show signs of impulsivity or aggressive responses to anger or frustration. Families need to seek help for these children.

If, as a parent and gun owner, you feel unsure about your ability to keep your guns out of your child's reach, or if you or your child is prone to anger, get rid of the guns. Guns can be replaced — children cannot. All parents should tell their children about guns, that people may have them in their homes and that they are lethal weapons and not toys. Make sure that your child knows that a friend's family may allow things that you do not allow, such as touching real guns. If you are inclined, support gun control legislation in your state or community, particularly trigger locks and owner responsibility.

Community policing and adult volunteers: Families in all communities need to work together to ensure that children are safe and protected from harm. Community policing is a proven violence reducer. Effective neighborhood watch campaigns, "helping hands" and other community support programs enable children to play in a safe atmosphere. Volunteer in your community. Businesses can connect with their community through General Colin Powell's Army of Volunteers or other programs.

Parenting: Time pressures are great on working parents but you can develop routines. Children thrive on routines and structure. As parents, stick to your rules, provide structure and avoid showing physical, angry responses to everyday problems or frustrations. Corporal punishment is not effective. Model talking-it-out rather than striking out. Teach your children early on to calmly use words rather than fists. Spend 15 minutes a day in quiet conversation or play with your child, listening, commenting on what you observe, not lecturing. Starting early will pay off when your child goes through those sometimes painful, early adolescent transition years. Your modeling of verbal problem solving and thinking out loud can help your young child imitate verbal solutions. Never, never discount a child's worried, angry words or significant changes in sleeping, eating, motivation, school grades or other behaviors or friendships. If your child becomes very evasive, secretive and irritable, check it out and seek help. If your child shows a progression of poor anger control and threats of violence, don't respond with anger — get help from your family or religious advisor, school psychologist, counselor, pediatrician or others you trust. Be open when seeking help, and don't let others discount your worries.

Simple quick-fix solutions are not benign; they make real solutions harder to implement later. Poorly designed, graduated sanctions, solutions or punishments can result in some children graduating from violent words to violent actions. Be persistent in seeking help — your child's psychological health may be at stake. If your child talks about violent acts toward others, makes plans, writes plans or gathers materials that are dangerous, it may be only a matter of time before plans or words turn into violent actions. If your child asks you what to do about a friend that thinks violently, get help. We should never unknowingly be part of the conspiracy of silence. The same is true for drug abuse. If you know there are drug problems in your school or community and you do nothing because *your* child is not involved, you are part of the conspiracy of silence.

Drawing by Belinda Paige, 5th Grade

Influence your schools: Families and community leaders can support, encourage and participate in positive school climate programs, including those that support praise and respect for children. Find out what your school is doing to prevent classroom disruption, vulgar language, bullying, fighting and violence. We need instructional programs that teach problem solving and conflict resolution.

Parents can actively support a prosocial curriculum as part of all children's education, across all grades, starting in kindergarten. This is neither religion nor socialism. It means ensuring that all children are taught responsibility for their actions and caring for the safety and well-being of other children and adults. Parents should also insist that all school employees are responsible for a safe school environment, conducive to learning. Parents as consumers can insist on effective school leadership and teachers who are skilled and authoritative in their classrooms; parents should support and reward these professionals. Make sure that your school teaches the basics using proven instructional methods, not fads, and uses effective behavioral learning techniques. Make sure you and your schools teach children to *not* keep dangerous secrets friends tell them. Children need to know that through such secrets, their friends really are asking for help and they and the adults are the helpers.

Help bully-proof your schools. Support teaching children to "stop-and-think" before they act on impulse. Don't allow graffiti, petty thefts, extortion or classroom disruptions in your schools. Demand the discipline data and, with your school, use the data to solve problems and not to blame or condemn anyone. Research shows that tolerating disruptive behaviors will result in more aggression and a greater feeling, by children, that adults just don't care. This causes further alienation and a sense of hopelessness. Research shows that teaching children how to replace angry, aggressive behavior with thoughtful communication can very significantly reduce violence both in school and in the home. Research has also shown that professionally run in-school problem solving teams (with counselors and school psychologists) providing ongoing consultation to teachers can curb bullying, aggression and violence. These same teams can assist in crisis management when problems occur.

Families can join with religious leaders, Scouts, Boys & Girls Clubs, the police and others in supporting schools that teach responsibility and problem-solving skills. All should work to increase funding and resources for effective after-school programs to reinforce these skills. Volunteer to work in your schools, with your police or with these community groups.

Television and video games: Evaluate your child's exposure to television and video games. Use the rating system materials provided by the National PTA and the National Cable Television Association to help monitor your child's viewing. Limit the time your child spends watching television. You should contract with your child about what programs to watch. Throw away those violent video games and don't buy anymore. They brainwash your child to think violently and impulsively. They are conditioning your child to be reactive rather than reflective. Find alternatives to television that will encourage your child to be imaginative and active. Yes, organized sports are effective but that can, for some children, be another scheduled event for frustration or social embarrassment. Find your child's strengths and focus on those skills.

The Cure

Together we can turn this epidemic of violence around or we can tolerate the unnecessary toll on our children. Simple solutions alone, such as metal detectors or school uniforms, will not work. More expulsions, more jails and more punitive measures will not work and will only increase the hopelessness and mistrust of our public institutions. Failed solutions draw tax dollars away from effective prevention programs. Teaching children appropriate ways to communicate and behave begins very early, even before school. We must invest in effective child care and primary grade education.

Some children need more than skilled caring adults to teach them responsibility. No child can be thrown away. Communities must also support better child mental health services in our schools. Less than half of our schools provide any psychological services beyond diagnosis. Most children needing services are not diagnosed until they create a serious problem for themselves or others. Such children, unserved, drop out of school at a rate of 55%, five times greater than the national average. Untreated and uneducated, they fall into poverty. They may become parents to another generation of at-risk children. Communities can use innovative ways to pool funds and resources to better address such mental health problems. Coordinated services are possible if taxpayers support and demand them.

There is no vaccine for violence. It will take years to curb this epidemic. It took years for us to allow it to be created through the proliferation of guns, media violence and the destruction of the family. We have provided failed school and community solutions. We have taught our children that guns are for shooting human beings, that the trigger pulls the finger. Now it is time to teach each child to think before acting, to care about others, to use their words to problem solve, to kill no more. ♦

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Kevin P. Dwyer, NCSP, is NASP President-Elect and past Assistant Executive Director. He was the principal investigator for the grant resulting in the government publication, Early Warning, Timely Response. *A short version of this article was published by* USA Today *in June 1998; excerpts were provided to DOE Secretary Richard Riley for use in his "Safe and Drug-Free Schools" speech last year. This article was previously published in the November 1998 issue of the* Communiqué *(volume 27, no. 3).*

Disaster: Helping Children Cope

by Debby Waddell, Ph.D., NCSP, Columbus, OH
and Alex Thomas, Ph.D., NCSP, Miami University (OH)

Background

Disasters can take many forms. They may weather-related, as in tornadoes, hurricanes, or floods; accident-related, as in bus or automobile deaths or drowning; illness-related as in AIDS, cancer or other deaths due to illness; or bizarre and unusual, as in the case of snipers or a murder.

The emotional effects of a disaster on you and your child can be tremendous. One of the difficulties experienced by parents during disasters is that they have not had adequate time to deal with their own reactions when they are called upon to deal with the impact of the disaster on their child. This handout is designed to help you and your child during a disaster.

Reactions to Disaster

Common emotional reactions: Emotional reactions vary in nature and severity from child to child. Children's reactions to a disaster are determined by their previous experiences, their temperament and personality, and the immediacy of the disaster to their own lives. Nonetheless, some commonalities exist in how children (and adults) feel when their lives are disrupted by a disaster.

- *Loss of Control:* By their very nature, disasters are something over which we have no control — if we did, we would stop them from happening. The feeling of loss of control can be overwhelming.

- *Loss of Stability:* Disasters also interrupt the natural order of things. Stability is gone and this is very threatening; it can destroy trust and upset equilibrium for extended periods. After all, if this disaster could happen, then most anything else might happen too.

- *Self-centered Reactions:* Children's immediate reaction to disaster often includes a fear for their own safety. They may be intensely worried about what will happen to them, to an extent that you think is unreasonable. However, young children have difficulty putting the needs of others before their own. Children need repeated reassurance regarding their own safety and the outcome of the disaster as it relates to them.

Stages of reactions to loss: Some reactions to disasters are similar to reactions to other losses or grief. These include denial, anger, depression, bargaining and acceptance. Not every person experiences all of these feelings, and they do not always occur in just this order. A person may feel angry, then depressed, then angry again. How feelings are expressed will vary with the age of the child. A very young child may express denial by refusing to talk about the situation or clowning when others are talking about the disaster. Older children may go to their rooms or insist on going to the mall. Anger in a young child may involve a tantrum and in older child may be manifested as yelling at a parent.

Common stress symptoms: Following a disaster or traumatic crisis event, children — like adults — will likely exhibit at least several typical symptoms of stress, reflecting their emotional reactions and sense of loss. Symptoms tend to vary with the age and developmental maturity of the child. If symptoms persist for a long time or seem extreme, parents should seek professional help through the school or community healthcare provider. At different ages, parents can expect:

- *Preschoolers:* thumbsucking, bedwetting, clinging to parents, sleep disturbances, loss of appetite, fear of the dark, regression in toileting habits

- *Elementary school children:* irritability, aggressiveness, clinginess, nightmares, school avoidance, poor concentration, withdrawl from activities and friends, increased conflict with siblings

- *Young adolescents:* sleep disturbance, loss of appetite, poor school performance, physical complaints (headache, stomachache), conflict with parents, withdrawl from friends

- *Older adolescents:* sleeping and eating disturbances, agitation, lack of energy, lessened interest in peers, physical complaints (headache, stomachache), poor concentration, irresponsible or delinquent behavior

Supporting Children During or After a Disaster

Knowing what to say is often difficult. When no other words come to mind, a hug and saying, "This is really hard for us," will always work.

- *Try to recognize the feeling underlying your child's actions* and put it into words. Saying something like "It makes us mad to think about all the people and homes that were hurt by this hurricane," or "I can see you are feeling really sad about this," can help.

- Sometimes children may have an overwhelming fear that they are *unable to put into words*, and you may need to voice for them. For instance, if a friend loses his mother during a flood, you might want to say to your child, "You may be scared that something will happen to me and Daddy (or Mommy) too. We are safe, and the flood waters are leaving, so we aren't going to die from this flood."

- *Be honest* with your child about what has happened and what is happening.

- *Don't deny the seriousness of the situation.* Saying to a child "Don't cry, everything will be okay" does not reflect how the child feels and the child knows that, at least in the immediate future, this is not true.

- *Help your child know what words to use with others.* For instance, if the disaster has resulted in death, the child may feel overwhelmed about what to say to friends at the funeral home. You may need to help by suggesting some simple appropriate words.

- *Plan a practical concrete activity* to help children deal with feelings.
- *Involve children in decisions* about what to do to help restore their sense of having control in their lives. Possible activates include:
  - Collecting money for disaster victims.
  - Planting a tree as a memorial for a death.
  - Designing cards and writing notes to someone involved in the disaster.
  - Drawing pictures and putting up a bulletin board.
  - Writing poems or stories for a class book about the disaster.
- *Inform your children's teachers* about how they reacting and find out what is being done in the classroom to deal with the disaster.
- *Decide how to handle attending funeral* or memorial services if the disaster involves deaths. Whenever possible, parents should take their own children to services. Provide information about the funeral and its structure to prepare children for the experience. Children who aren't going may still want to know what will happen. For young children, this may be their first experience with death, and information may be especially important for them.
- *Allow for the fatigue* which children may experience due to stress and changed sleep patterns.

Long-term Reactions

Prepare for long-term reactions which are normal, such as the continued need to discuss a hurricane or shooting.

Be alert for pathological long-term reactions, which are more severe than those experienced by most children. These might include (1) persistent reexperiencing of the traumatic event through intense recollections, dreams, flashbacks or hallucinations, (2) persistent avoidance of stimuli associated with the trauma or numbing of responsiveness — restricted affect, diminished interest in usual activities or (3) signs of increased arousal, such as sleep difficulties, irritability, hypervigilance, disturbances in concentration, or exaggerated startle response.

Find ways to emphasize a return to stability. When the disaster abates, return to previous schedules and maintain these for a time, even if some change in routine was planned, in order to provide a sense of security and comfort. ♦

Resources

Brooks, B. & Seigel, P. (1996). *The scared child: Helping kids overcome traumatic events*. New York: John Wiley & Sons.

Martin, M. & Waltman-Greenwood, C. (1995). *Solve your child's school-related problems* (Appendix B: Helping your child through crisis at home and at school). New York: HarperPerenniel.

— *From* Helping Children at Home and School: Handouts from your School Psychologist *(NASP, 1998)*.

Involving Parents in Anti-Violence Activities

Research indicates that parent involvement is key to student success in school. Parent involvement is also critical to reducing incidents of school violence and promoting a safe learning environment. Strategies to involve parents in safe school activities include:

- Include parent representatives on the school safety committee and social improvement team to help make decisions and recommend strategies.
- Hold some meetings at breakfast, lunch time or during evening hours to allow more parents to participate.
- Send a copy of the school's discipline code to all parents and enlist their support in enforcing it.
- Create a parent telephone network to encourage parents to attend school events and meetings.
- Sponsor a "Generation Night Open House" in which students bring as many family members as possible to tour the school, meet staff and socialize with other families. Have a photographer take family pictures and display them in the school.
- Call parents at work or send a brief note home to inform them about their children's accomplishments.
- Recruit parents and their children during the summer to help paint, clean or repair the school and grounds.
- Provide transportation and childcare for parents to facilitate their attendance.
- Develop parent/student homework assignments with safety themes, such as comparing school or community crime problems today to those 20 years ago.
- Use parent volunteers to patrol school and to keep an eye out for escalating conflicts at athletic events.
- Invite parents to be part of a School Crime Watch program, both as organizers and to provide security when needed. ♦

— *Adapted from* Reducing School Violence: Building a Framework for School Safety, *produced by Southeastern Regional Vision for Education (associated with the University of North Carolina-Greensboro) and the Florida Department of Education, with assistance from the Southeast Regional Center for Drug-Free Schools and Communities.*

Victimization of School-Age Children

Safe Schools Strategies for Parents and Educators

by Gloria E. Miller and Kelli A. Rubin,
University of South Carolina
revised by Servio Carroll, Ed.S., NCSP,
Sheridan (WY) School District No. 2

Definition of a Victim

A victim is a child who has directly or indirectly suffered as the result of isolated or repeated confrontations or personal violations by another child. Primary victims suffer the physical and affective consequences of direct assaults. Secondary victims experience indirect affective reactions as a result of witnessing or hearing about a victimization incident.

Modes of Victimization in School Settings

There are three common modes of personal victimization of students by their peers in school settings, excluding more severe personal crimes such as homicide and rape:

- Violations of Body — fighting and other physical assaults
- Violations of Esteem — bullying, ridiculing, teasing, threatening
- Violations of Property — confrontive and nonconfrontive theft or damage to items from lockers, desks, bookbags, lunches

Key Myths About Victims

- ***Victims stand out in some way.*** Victims do not significantly deviate in behavior, appearance, or ability from non-victims with the possible exception of having less physical strength.
- ***Girls are victims more often than boys.*** Both sexes are equally vulnerable for victimization; however, peers nominate boys as victims more often than girls.
- ***Victims are all alike.*** Victims are not homogeneous. Olweus

Childhood Responses to Trauma

Adapted by Ted Feinberg, Ph.D., NCSP
North Colonie Schools (NY)
Northeast Region NEAT Facilitator

Feelings and Symptoms

The National Center for Post-Traumatic Stress Disorder suggests that children who go through traumatic episodes may show a variety of psychological problems, including:

- poor peer relationships
- strained relationships within the family
- low self-esteem
- decrease in school activities and performance
- sexualized behavior (in cases of sexual abuse)
- delayed emotional development
- depression and anger
- decline in physical health
- substance abuse
- fears
- anger
- guilt
- feeling ashamed
- disturbing memories or flashbacks
- repeated nightmares and dreams of death
- belief in omens and prediction of disastrous future events
- pessimism about the future and expectation of early death
- avoiding reminders of traumatic experiences
- fear of re-experiencing traumatic anxiety
- behavioral re-enactment (expressed as repetitive play)
- emotional numbness (seeming to have no feelings, except perhaps anger)
- diminished interest in significant activities
- physical symptoms, such as stomachaches and headaches
- feeling constantly on guard, nervous and jumpy

Surviving or witnessing traumatic events may intensify symptoms of other pre-existing disorders, such as:

- attention disorders (ADD, ADHD)
- oppositional defiant disorder
- dissociative disorders
- panic disorder
- eating disorders
- phobias
- major depression
- separation anxiety disorder ♦

Resources

Brooks,B. & Siegel, P. (1996). *The scared child: Helping kids overcome traumatic events.* New York: Wiley.

Monahan, C. (1993). *Children and trauma: A parents' guide to helping children heal.* New York: Lexington Books.

Webb, N. (1993). *Help for bereaved children: A handbook for practitioners.* New York: Guilford.

— Previously published in the November 1998 issue of the Communiqué *(volume 27, no. 3).*

describes at least two types of child victims: "Passive Victims" — anxious, insecure, seemingly do nothing to invite attacks, and fail to defend themselves; "Provocative Victims" — hot-tempered, restless, create tension by irritating and teasing others and fight back when attacked.

Some Facts About Victimization

- Approximately one in ten school children will experience some mode of victimization during their school years.
- In any one-month period, many students will avoid three or more school locations or miss a day of school out of fear of being assaulted.
- In the majority of victimization incidents, the victim knows the offender's name.
- Victimization occurs in both supervised (e.g., classrooms) and unsupervised (e.g., playground) areas with more serious assaults in the latter settings.
- Incidents of property violations tend to occur at a higher rate than physical violations.
- Physical victimization rates tend to decline after the elementary grades, while verbal assaults remain high at all grades, and property violations show little change across grade levels.
- Children who are victimized in one mode tend to be victimized more often in other modes.
- The likelihood of repeated victimization increases when a child has been previously victimized.
- By the time a child reaches middle school, a pattern of victimization has often been established.

Why Focus on the Victim?

Victimization may be a catalyst for other problems. Victimization often results in peer rejection which has been linked to later behavior problems, delinquency school dropout, depression and even suicide. Unpopularity with peers ultimately affects the development of close interpersonal relationships.

Victimization incidents are likely to be repeated without intervention. Students who are victimized once are much more likely than others to be victimized again. A progression of victimization has been noted whereby a student is victimized more severely as the oppression continues. The stigma of being labeled a "victim" also makes it difficult to recover and consequently furthers the cycle of victimization.

Victimization has detrimental indirect effects. Indirect affective reactions, like fear and anxiety, that occur as a result of victimization can lead to school avoidant behaviors. Ultimately, these affective responses negatively influence the school's social climate, leading students to distrust authority figures and become disillusioned about the school system.

Victimization has not been adequately addressed in schools. There is a prevailing focus on the perpetrators of assaults. Often the role of the victim and the victim's needs are disregarded, decreasing the likelihood that victims will be helped to regain a sense of control or learn effective deterrent strategies.

Victimization prevention is based on knowledge of the entire process. Typically, less attention is given to the victim's role in the transactions that affect antisocial behavior. Yet such information is critical to future prevention and intervention efforts designed to alleviate school crime and violence.

What Can Be Done? Suggestions for Schools

- A first step is to target the problem by facilitating accurate and timely reports of victimization — possibly through anonymous hotlines or maildrops.
- Improve safety and enhance deterrence through modifications in the physical setting (e.g., alter exit and entry areas; increase lighting in dark, less traveled or secluded areas) or improved surveillance measures (e.g., videotape recorders; student hall monitors; parent volunteers on the routes to and from school).
- Find ways to create a small school atmosphere even in a large school environment thereby increasing student/faculty face-to-face contact and enhancing trust between the two groups.
- Construct a school creed that clearly identifies individual rights and places value on cooperation and compromise.
- Work with students, school staff and community members to develop explicit firm and fair rules against repeated physical and mental maltreatment that clearly prohibit violations of body, self-esteem and property.
- Provide counseling services and other system-wide opportunities that foster open communication about victimization incidents for students, school professionals and parents.
- Recognize the importance of varied curriculum goals that provide vocational as well as academic options in order to allow the students to feel worthy in their choice of futures.
- Review grading and evaluation procedures to avoid assigning students to "failure" roles that often lead to higher frustration levels increasing the likelihood of incidents of aggression.
- Ensure that students have a negotiation procedure that allows for mediation and conflict resolution such as a pear review board. This allows students to vent their anger while letting them view the other side of the conflict.
- Develop a systematic inservice and staff development plan to increase sensitivity and knowledge about the reciprocal process of victimization, prevention and intervention strategies.

Suggestions for Teachers

- Assess personal attitudes about victimization so as to avoid possible stigmas and judgments that arise when a child is labeled as a victim.
- Capitalize on students' strengths rather than focusing on weaknesses to enhance their self-esteem.
- Reestablish the victims sense of control as soon as possible by involving them in the decision making process as what to do next after the incident.
- Appoint the victims added responsibilities and delegate them leadership roles to improve their status, self-assurance and social skills.
- Assign cooperative classroom projects that necessitate group goals, collaboration and teamwork and involve the aggressor and the victim as pair-mates.
- Establish extended avenues for open home-school communication that serve to highlight both positive and negative happenings in a child's life, possibly through shared notes, diaries or routine phone contacts.

Continued on page 13

Suicide in Children and Adolescents

Information for Parents

by William O. Hahn
Behavior Management Consultants, New Kensington, PA

Background

It is estimated that a child or adolescent will commit suicide every 90 minutes. Suicide among individuals age 15-24 is the third leading cause of death. Research indicates that over 60% of all high school students contemplate suicide at some time during the school year, while 8-13% engage in suicidal behavior. From 1980-1992, the rate of suicide among 10-14-year-olds increased 120%. Add to these statistics those children who attempt suicide and we have a problem of almost epidemic proportions.

Development

While suicide is considered to be a uniquely individual act, there are some common trends and identifiable traits. Children as young as 2 or 3 may attempt suicide, but they do not usually utilize a lethal method. Even children between the ages of 6 and 10 tend not to use lethal methods. This seems due to the fact that younger children are almost "protected" from self-destruction by virtue of their immaturity. A common factor present in suicidal young children, which tends to prevail even into adolescence, is a strong sense of abandonment or rejection by a significant other. As children become older stress factors may intensify and add to the problem. Significant stressors such as addition of a third party to the family, sibling birth, parental divorce, and as was mentioned, a sense of abandonment all play an important part. Losses such as these often result in a decrease in self-esteem and an increase in anger or rage. Thus suicide for the child becomes either an attempt to alter an intolerable situation, a cry for help, or a means of gaining attention, love, and affection from significant others. Suicide rates are particularly high among gay teenagers, reflecting the rejection they may feel or anticipate from family and peers and sense of isolation.

In adolescence, suicidal behavior is related to the following risk factors:

1. Loss of significant other
2. Recent suicide of a peer or family member
3. Legal difficulties
4. Unwanted pregnancy
5. Family stress (including divorce, separation, unemployment)
6. Recent and/or frequent changes in school
7. Difficulties in relationships
8. Depression and withdrawal
9. Disorientation and isolation, psychiatric disorders
10. Substance abuse
11. Poor school performance

As with younger children, these teenagers often find themselves in what they consider to be an intolerable situation. Unfortunately, they become rigid in their thinking, unable to see any alternatives other than suicide. Often there are prevailing feelings of hopelessness, (that is, the feeling that there is no hope, and that the future looks bleak). With these types of views, and an inability to see alternatives, the child's only solution becomes a suicide.

Five danger signs of suicide:

1. A suicide threat or statement indicating a desire to die
2. A previous attempt
3. Severe depression
4. Marked changes in personality or behavior
5. Making a will or giving prized possessions away

What Can I Do as a Parent?

It is important for the parents to be aware of his/her child's moods, feelings and attitudes. *Sudden mood swings* or *marked changes in behavior, decreasing grades* and/or *withdrawal from friends* often signify the onset of depression. The parent must realize that this is often not just a "phase" that the child is going through, but indications of a problem. Of primary importance in helping these distressed children is letting the child know that no matter what, you are there as a parent to help them, that you care for them, and love them. While you might not be able to heal their pain, resolve their problems, or even understand what they are going through, you must let them know that you are willing to listen and help them in whatever way possible.

As a parent, if you begin to notice signs of depression, or more importantly, signs of suicidal behavior, you should begin by talking with your child. Let him or her know that you will listen, and that you are not going to judge him. Encourage her to express her feelings and really listen. Try not to criticize or downplay his feelings. At some point, it will become necessary to ask him if the has thought about suicide. (You are not putting an idea into her heads—the majority of children and adolescents know what suicide is, so you are not giving them any suggestions.) If she has seriously thought about suicide, then it is time to seek professional help, either through the school, local mental health agency, private agency, suicide hotlines or your family physician. If, in addition to the suicidal thought, the child has a plan of suicide, then serious consideration should be given to hospitalization of the child for her own protection. Any time that you fear that your child might be suicidal, it is imperative that you seek the help of qualified professionals. It is also advisable that you remove any guns from the house, as this is the most lethal of all methods, and also one that is prone to be used impulsively.

After the suicidal crisis is over, you must continue to support, listen, and care for your child. You don't want him to think

Continued on page 11

Student Violence: Warning Signs

Students At Risk for Violent Behavior:

- History of being violent toward his/her peers
- Access to firearms
- Involved in drinking alcohol or taking other drugs
- Caregivers have a history of drug/alcohol involvement
- Peer group reinforces antisocial behaviors
- Learned attitudes accepting aggressive behaviors as "normal" and an effective way to solve problems
- High level of violence in the home, in the neighborhood and in the media
- School history that includes aggressive and disruptive classroom behavior
- Poor school achievement, poor school attendance and numerous school suspensions
- Difficulty with social skills and poor peer relations
- Difficulty controlling his/her impulses and emotions
- History of parental rejection, inconsistent discipline and lack of supervision

Warning Signs — Potentially Violent Individuals

There is no exact method to predict when a person will become violent. One or more of these warning signs may be displayed before a person becomes violent but does not necessarily indicate that an individual will become violent. A display of these signs should trigger concern as they're usually exhibited by people experiencing problems:

- Irrational beliefs and ideas
- Verbal, nonverbal or written threats or intimidation
- Fascination with weaponry and/or acts of violence
- Expressions of a plan to hurt himself or others
- Externalization of blame
- Unreciprocated romantic obsession
- Taking up much of teacher's time with behavior or performance problems
- Fear reaction among fellow students or family
- Drastic change in belief systems
- Displays of unwarranted anger
- New or increased source of stress at home or school
- Inability to take criticism
- Feelings of being victimized
- Intoxication from alcohol or other substances
- Expressions of hopelessness or heightened anxiety
- Productivity and/or attendance problems
- Violence towards inanimate objects
- Steals or sabotages projects or equipment
- Lack of concern for the safety of others ♦

— *Adapted from* Reducing School Violence: Building a Framework for School Safety, *produced by Southeastern Regional Vision for Education (associated with the University of North Carolina-Greensboro) and the Florida Department of Education, with assistance from the Southeast Regional Center for Drug-Free Schools and Communities.*

■ Suicide in Children... *from page 10*

that he must threaten suicide in order to get your attention. It is also important to follow-up with a mental health agency, in order to resolve the difficulties that stimulated the suicidal behavior. Remember, youth suicide is a family problem. ♦

Resources

Brooks, B. & Seigel, P. (1996). *The scared child: Helping kids overcome traumatic events.* New York: John Wiley & Sons.

Martin, M. & Waltman-Greenwood, C. (1995). *Solve your child's school-related problems* (Appendix B: Helping your child through crisis at home and at school). New York: HarperPerenniel.

Organization

American Association of Suicidology, 2459 S. Ash, Denver CO 80222; (303) 692-0285

Websites

San Francisco Suicide Prevention: <*http://www. Sfsuicide.org/things/html*> [Offers a variety of information including a suicide risk evaluation tool]

Wings of Madness Suicide Resources:<http://bobbyt.simplenet.com/stuff/depress/suicide.htm> [Webpage for SA/VE— Suicide Awareness/Voice of Education.]

— *From* Helping Children at Home and School: Handouts from your School Psychologist *(NASP, 1998).*

Resolution on Children and Violence in Media and Toys

The Executive Board of the National Association of School Psychologists recognizes that children observe a large number of violent acts in television programming, videotapes, toys electronic and video games, movies, and cartoons. Research supports that exposure to violence in media and toys can have a negative impact on children's learning and development and can lead to harmful consequences.

Therefore, the executive Board of the National Association of School Psychologists resolves to:

a. Inform public policy makers, leaders in media and toy industries, parents educators, school psychologists, and others of research on the potential negative consequences that violence in media and toys may have for children;

b. Support public policies which effectively address children's exposure to violence in media and toys;

c. Promote the development of policies and practices within media and toy industries which effectively address children's exposure to violence;

d. Assist parents, educators, school psychologists, and others with developing effective practices for (1) evaluation and monitoring children's exposure to violence in media and toys and (2) responding to the day-to-day impact that exposure to media and toy violence may have on children;

e. Encourage media and toy industries to produce more developmentally appropriate, non-violent media and toys which can have a positive impact on children's learning and development, and encourage children, parents, and others to consider selection of these media and toys instead of more violent media and toys; and

f. Work collaboratively with other professional and advocacy groups in the implementation of the practices described in this resolution. ♦

Adopted by NASP Executive Board, 1994

Safe Schools Resources

Compiled by Andrea Canter, Ph.D., NCSP
Minneapolis Public Schools

In Print

Brooks, B. & Siegel, P. (1996). *The scared child: Helping kids overcome traumatic events*. New York: Wiley.

Dwyer, K., Osher, D., & Warger, C. (1998). *Early warning, timely response: A guide to safe schools*. Washington, DC: U.S. Department of Education. (Available at internet sites: <*www.ed.gov/offices/OSERS/OSEP/earlywarn.html*> or <*www.naspweb.org/center.html*>)

Martin, M. & Waltman-Greenwood, C. (Eds.) (1995). *Solve your child's school-related problems*. New York: HarperPerenniel. (Appendix C: Helping children through crises at home and at school.)

Ross, D. (1996). *Childhood bullying and teasing: What school personnel, other professionals, and parents can do*. Washington, DC: American Counseling Association.

Organizations, Agencies

American Association of Suicidology, 2459 S. Ash, Denver CO 80222; (303) 692-0285.

Federal Emergency Management Agency (FEMA), FEMA Publications, PO Box 70274, Washington, DC 20024; (202) 646-3484.

National Crime Prevention Council, 1700 K St NW, Second Floor, Washington, DC 20006; (202) 393- 7141.

National School Safety Center, 4165 Thousand Oaks Blvd, Suite 290, Westlake Village, CA 91362; (805) 373-9977. (See quarterly journal, *School Safety*.)

National Organization for Victim Assistance (NOVA), 1757 Park Rd. NW, Washington, DC 20010; (800) TRY-NOVA; <*http://www/try-nova.org*>

National Association of School Psychologists/National Emergency Assistance Team, 4340 East West Highway, Suite 402, Bethesda, MD 20814; (301) 657-0270; website: <*http:\\www.naspweb.org*>

Online Resources

American Red Cross — <*http://www.redcross.org*>

American Indian Suicide Prevention site — <*http://www.indian-suicide.org*>

Gift From Within (Trauma resources) — <*http://www.sourcemaine.com/gift/*> ♦

A Teacher, A Best Friend

I had a teacher, a best friend
When her life came to an end.
She was a very good teacher
And I'm going to miss her...

— Candise Watts (6th Grade, Westside Middle School, Jonesboro, AR)

— *Excerpted from* Communiqué, *November 1998 (volume 27, no.3)*

Resolution on Children, Guns, and Other Weapons

The Executive Board of the National Association of School Psychologists recognizes that guns and other weapons can — and, unfortunately, often do — hurt children. Guns and other weapons injure and kill thousands of children in the United States each year, through acts of violence and accidents and when the guns and other weapons are used by children and adults. Guns and other weapons may result in psychological harm to children when their family members or friends are injured and killed. The increasing presence of guns and other weapons in schools and communities may create a threatening, hostile, and fearful climate which adversely affects children's psychological development and school learning.

Therefore, the Executive Board of the National Association of School Psychologists resolves to:

a. Support public policies on gun control which effectively address the potential physical and psychological harm that guns may cause for children;

b. Promote the development of policies and practices within schools and communities which effectively address the potential physical and psychological harm that guns and other weapons may cause for children;

c. Assist policy makers, community leaders, parents, educators, school psychologists, and others with creating safe environments for children and protecting the physical and psychological well-being of children; and

d. Work collaboratively with other professional and advocacy groups in the implementation of the practices described in this resolution. ♦

Adopted by NASP Executive Board, 1994

■ Victimization of Children... *from page 9*

- Initiate classroom discussions of interpersonal conflicts that identify precipitating events from the perspective of both the perpetrator and the victim and lead to alternative problem resolution strategies.
- Discuss the significance of the judicial system and the personal, community and societal consequences of crime to increase students' awareness of the averse effects of violence.

Suggestions for Parents

- Be aware of abrupt changes in your child's behavior that may indicate repeated victimization (e.g., fears or dislike of school, missing personal belongings).
- Do not overreact or question if your child mentions a victimization incident; listen actively so he or she will feel comfortable discussing the problem further. Restate the content of his or her statements and add a comment that identifies their unstated feelings or reactions (e.g., "So, Jon hit you when you walked to the gym for no reason — that must be very upsetting.")
- Praise your child when you observe examples of appropriate social behaviors, such as sharing. in order to improve his/her self-confidence and to teach new ways to resolve conflict.
- If your child is a victim, jointly decide with him or her what to do as a next step so as to reestablish a sense of control to the victim.
- Keep well informed about your child's school environment to establish a greater sense of security in your child.
- Become an advocate for school safely by working as a team player with the school staff to guarantee your voice is heard and ideas are expressed.
- Arrange for increased monitoring and limit the unsupervised time your child has at school through collaboration with school personnel.

Resources

Baenninger, R. (Ed.). (1991). *Targets of violence and aggression.* Holland: Elsevier Science Publishers.

Batsche, G. (1997). Bullying. In G. Bear, K. Minke & A. Thomas (Eds.), *Children's needs II: Development, problems and alternatives* (pp.171-180). Bethesda, MD: National Association of School Psychologists.

Garrity, C., Jens, K., Porter, W., Sager, N. & Short-Camilli, C. (1994). *Bully-proofing your school.* Longmont, CO: Sopris West.

Goldstein, A.. Palumbo, J., Striepling, S. & Voutsinas, A. *(1995). Break It Up: A Teachers' Guide to Managing Student Aggression.* Research Press. [video also available]

Goldstein, A., Jarootunian, B., & Conoley, J. (1994). *Student aggression: Prevention, management and replacement training.* New York: Guilford.

Martin, M & Waltman-Greenwood, C. (Eds.) (1995). *Solve your child's school-related problems.* New York: HarperPerenniel.

Olweus, D. (1993). *Bullying at school: What we know and what we can do.* Cambridge, MA: Blackwell.

Ross, D. (1996). *Childhood bullying and teasing: What school personnel, other professionals and parents can do.* American Counseling Association.

Organizations

National Crime Prevention Council — 1700 K St NW, Second Floor, Washington, DC 20006; (202) 393-7141. [curriculum materials; neighborhood and community programs]

National School Safety Center — 4165 Thousand Oaks Blvd., # 200, Westlake Village, CA 91632; (805) 373-9977. [written and video materials available]

— From Helping Children at Home and School: Handouts from your School Psychologist *(NASP, 1998).*

Book Review

Childhood Bullying and Teasing: What School Personnel, Other Professionals, and Parents Can Do

by Dorothea M. Ross, Ph.D. (American Counseling Association, 1996)

Reviewed by Joann V. Hernandez, NCSP

A well-written resource for professionals and parents, this book addresses bullying as a universal and prevalent problem within schools and classrooms. The author addresses this long- standing behavior problem from the premise that bullying is a purposeful act that can be controlled provided that there is strong commitment and concerted action on the part of school personnel, parents and children. She approaches bullying from the theoretical framework of childhood stress and coping strategies, providing a thorough definition of bullies as well as victims. Specific interventions are provided for school personnel and parents. In addition, prevention of bullying as well as an overview of teasing programs are addressed in this volume.

Parents and school personnel including school psychologists will find Dr. Ross' work extremely helpful due to the well-organized and methodical approach she employs. Her definitions of bullies as well as victims are comprehensive. For example, using research studies, she describes aggressive and passive bullies, gender differences in bullies and various forms of bullying, including racial bullying and sexual harassment. The influences of child rearing, modeling and environmental factors such as crowded school conditions are thoroughly addressed. School psychologists will also find useful the author's methodical and research-based approach when addressing the issues of victims. Characteristics of passive victims, proactive victims and bullying victims are defined as well as the onset of victimization, characteristics of the child and the effects of bullying on victims and other children.

Among the most useful features of this volume are chapters devoted to interventions addressing bullying. School psychologists will find specific, practical recommendations for schools and parents. Those highlighted include establishing a school-wide code of conduct, establishing a bully awareness program, procedures for handling a specific bullying incident, what parents can do when a child complains of being bullied, what the bullies' parents can do, and procedures for schools and parents for handling cases of sexual harassment. Detailed descriptions of internationally implemented programs designed for active student involvement such as The Telling School, Student Watch Program and Big Brother Program as well as discussion of various support programs, peer counseling and conflict resolution are particularly helpful since the author provides step-by-step procedures for several of these interventions.

Dr. Ross continues her comprehensive approach when addressing the issue of teasing. After describing teasing developmentally and providing strategies that parents can utilize when their child complains of being teased, she provides a thorough discussion of various teasing programs which school personnel may find helpful. These involve using non-reward, verbal punishment and assertiveness training and are discussed in the context of the Ross Teasing Program, the Social Thinking and Reasoning Program and others.

Especially useful to parents and school personnel is the annotated bibliography where the author lists and summarizes fiction and nonfiction books for children based on grade level. Practical resources are listed separately for parents and school personnel.

The shortcomings of this volume are few. Some parents may find this work to be too detailed initially but that may be outweighed by the practical interventions and recommendations for parents. This text may be a valuable resource for school psychologists as they provide school- based interventions, individual counseling and consultations with parents and school personnel. ♦

Joann V. Hernandez, M.A., NCSP, is a school psychologist with Hillsborough County Schools in Tampa, Florida.

Moments in America for Children

— from the Children's Defense Fund

Every 1 second	a public school student is suspended*
Every 9 seconds	a public school student is corporally punished*
Every 9 seconds	a high school student drops out*
Every 10 seconds	a child is abused or neglected
Every 15 seconds	a child is arrested
Every 25 seconds	a baby is born to an unmarried mother
Every 36 seconds	a baby is born into poverty
Every 47 seconds	a baby is born without health insurance
Every 1 minute	a baby is born to a teen mother
Every 2 minutes	a baby is born at low birthweight (below 5 lbs, 8 oz.)
Every 3 minutes	a baby is born to a mother who received late or no prenatal care
Every 5 minutes	a child is arrested for a violent crime
Every 10 minutes	a baby is born at very low birthweight (less than 3 lbs., 4 oz.)
Every 18 minutes	a baby dies
Every 2 hours	a child is killed by a firearm
Every 2 hours	a child is a homicide victim
Every 4 hours	a child commits suicide
Every 8 hours	a young person under age 25 dies from HIV infection

* Based on calculations per school day (180 days of 7 hours each)

— Data © 1998, Children's Defense Fund (<http://www.childrensdefense.org/>)

Memorials: Guidelines for Educators and Communities

by Cathy Paine

School memorials or memory activities serve an important function in the grief pro-cess for students and staff. A memorial promotes the healing process by providing an opportunity for students to join together and participate in a ritual. The memorial may take many forms, from a simple tree planting to a more traditional "service." In addition, a school memorial brings closure to a period of grieving and serves as a clear statement that it is time to move on with regular school activities. Memorials should be planned carefully considering the following guidelines:

Memorial Services

- Keep the memorial short. Fifteen to twenty minutes for elementary students; thirty to forty minutes for secondary.
- Involve students in the planning of the memorial, particularly those who were close to the deceased.
- Include music, particularly student performances. Also, play soothing music as people enter to set the mood and maintain calm (particularly important at the middle school level).
- Preview the service with students beforehand. This is not a normal assembly, so prepare students as to what will happen and how they should behave. (Remove anyone from the service who is acting inappropriately.)
- Have several brief speakers. If students have written poems or other tributes, students themselves or staff can read samples. Practice, practice, practice.
- Invite family members. However, recognize that they may choose not to come.
- Involve all students as much as possible. To the extent that is appropriate for their age, have each class make a poster or banner that they bring to the memorial and hang on the wall.
- Use symbols of life and hope. Balloons or candles can be used very effectively to promote a positive, uplifting message that acknowledges the sadness yet is hopeful for the future.
- Have all students and staff attend (unless a parent has a specific objection). It is a powerfully unifying experience for a school, and it sends a message to students that each person is important in the school and deserves to be honored.
- Provide a quiet activity for students who do not attend, or dismiss them.
- Have students return to their classrooms for a short time after the service. This allows them the opportunity to talk with one another and/or talk with a counselor. "Support" rooms work well for students who are experiencing more significant signs of grief.
- If the death was due to suicide, a public memorial is not advised.
- Plan the activity to occur within a week of the death if possible.

Permanent Memorials

- Do not rush into the completion of a permanent memorial. Time and emotional distance from the incident often brings insight into the design.
- Students should be involved in the planning and design of the memorial, and it is important to establish who will make the final decision. Define the roles of students, staff, administrators, parents and community members in the process.
- Carefully consider the location of any permanent memorial. It should be placed in a location where students can choose to look at it but it should not confront the students every time they enter the school. (Advice of Dr. Robert Pynoos, Director of Trauma Psychiatry Services at UCLA.) ♦

Resource

Young, M. (1998). *Community crisis response training manual.* Washington, DC: NOVA.

Cathy Paine is a school psychologist in the Springfield, OR Schools who worked with the NOVA/NEAT Team following the Thurston High School shootings in May 1998.

Natalie

Natalie, she was my best friend
And our friendship will never end.
I had no idea she was going to die
Or I probably would have said good-bye.

I see her smile every day.
I wish it would come back to stay.
I see her lying on the ground
Where she was shot and found...

One day I'll be with her
But until I am
We'll be best friends
Like we were then.

– Latoya Goff, 6th grade
(Westside Middle School, Jonesboro, AR)

What is a School Psychologist?

School psychologists are found in every school system in the nation. Over 24,000 in number, they are highly trained in education, mental health, child development and learning theory. They are problem solvers who, working with others, assist in changing environments, attitudes and systems to help children use their strengths to succeed in academic learning, social skills and citizenship. School psychologists coordinate and evaluate needs unique to individuals with special learning and behavior problems. They promote the use of research-based psychology theory to assist in curriculum, instruction and school reform. This is carried out through team problem solving; consultation; staff, teacher and parent training; research and evaluation; direct interventions; assessment; referral and case management in collaboration with other pupil services professionals, such as school social workers, counselors and others.

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The National Association of School Psychologists represents over 20,000 school psychologists and related professionals throughout the United States and in 25 foreign countries. Founded in 1969, it is the world's largest organization of school psychologists.

NASP serves its members and society by:

- Promoting the rights, welfare, education and mental health of children and youth; and
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This is accomplished through education, service, research and policy development. NASP credentials school psychologists through its Nationally Certified School Psychologist (NCSP) program and is a leading publisher of books for school psychologists, parents and educational professionals. Every year it holds an annual convention that is the world's largest gathering of school psychologists.

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